

WELFARE TO WORK PLAN - ACTIVITY ASSIGNMENT

PARTICIPANT NAME: _____

CASE NAME: _____

CASE NUMBER: _____

I.D. NUMBER: _____

WELFARE TO WORK WORKER NAME: _____

ACTIVITY

1. ☐ My assigned activity is _____.
I understand that if I do not participate as required in this activity without the county deciding if I have a good reason, my cash aid will be lowered.
2. ☐ I understand that I must also participate in _____ (activity).
I understand that if I do not participate as required in this activity without the county deciding if I have a good reason, my cash aid will be lowered.
3. ☐ I understand that I do not have to participate in _____ (activity) at this time, but I agree to go to this _____ (type) activity and complete it anyway. My Welfare to Work worker has described this activity to me. I understand that if I stop participating in this activity without the county deciding if I have a good reason, my cash aid will not be lowered, but I may not be allowed to participate in Welfare to Work for a period of time.
- ☐ I understand that if I do not attend _____ / _____ [activity(s)] as required by Welfare to Work or make satisfactory progress in my assigned activity, Welfare to Work will determine why, and I may have to go to a different activity. I understand that I am required to give proof of satisfactory progress in my activity (s) to my Welfare to Work worker by the date(s) listed below.
- Activity: _____ Date Proof is Due: _____
- Activity: _____ Date Proof is Due: _____
- ☐ I understand that I have up to 30 days to ask for a change in my activity once it starts. I understand that I can only change my activity once. If Welfare to Work agrees to the change, I know I will have to sign a new Activity Assignment.

LOCATION AND SCHEDULE

Activity _____	Activity _____
Begins: _____ Expected to end: _____	Begins: _____ Expected to end: _____
Location and Schedule: _____	Location and Schedule: _____

- ☐ Welfare to Work will send me the location and schedule for my activity _____ by _____ (date).
- ☐ I will go to _____ (location) on/by _____ (date) to get my activity _____ location or schedule.
- ☐ I will give my Welfare to Work worker a copy of my _____ (activity) schedule by _____ (date). I will tell my Welfare to Work worker if any changes are made and give my Welfare to Work worker a copy of the changes if required.

SUPPORTIVE SERVICES

Welfare to Work will pay for supportive services (child care; transportation; and work, education, and training related expenses) if I need them to participate in Welfare to Work and Welfare to Work rules allow for them.

I have reviewed my need for Welfare to Work supportive services with my Welfare to Work worker. I understand that I do not have to participate until specific arrangements for the supportive services I need have been made. I understand that I must tell my Welfare to Work worker right away of changes in my need for Welfare to Work supportive services, or if I no longer need them. If I do not report the changes in advance, Welfare to Work may not be able to pay for them. I understand that if Welfare to Work pays for supportive services that are more than what I need to participate in Welfare to Work, I will have to pay Welfare to Work back.

CERTIFICATION

I understand that my Welfare to Work Plan includes this form, the Welfare to Work Plan - Rights and Responsibilities and the Welfare to Work Handbook. I understand that Welfare to Work activities and services, and my rights and responsibilities as a Welfare to Work participant, are explained to me on these forms. I have received a Welfare to Work Handbook. I understand that I can ask my Welfare to Work worker if I have any questions. I understand that I have three working days to think about the terms of this Activity Assignment after I sign it. I understand that if I want to change the terms of this Activity Assignment, I must tell my Welfare to Work worker by _____ (date). If I don't tell my Welfare to Work worker by then, this Activity Assignment is considered final. If Welfare to Work agrees to change this Activity Assignment, and I sign a new one, I understand that the new Activity Assignment is considered final.

I have read (or had read to me) and understand this Activity Assignment, and have received a copy of it. If I fail to meet my responsibilities without a good reason, I know that there are certain penalties and that my cash aid may be affected.

PARTICIPANT'S SIGNATURE

DATE

WELFARE TO WORK WORKER'S SIGNATURE

PHONE

DATE